SUBSTITUE COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

MODULAR UNIVERSAL ADAPTER-TELEMEDICINE SYSTEM

the specification of which is being filed concurrently herewith.

the	e specification	n of which	was filed	on February	15, 2005	as United	States	application	Seria
No	. 10/524,714			-					

No. 10/524,714	o.o. a.a. y . o,	Tool as officer officer	oo appiioano.	. 00.110
OR				
The specification of which was filed on PCT/	as F	PCT International App	olication No.	
I hereby state that I have reviewed and specification, including the claims, as an				
I acknowledge the duty to disclose infor application in accordance with Title 37,				f this
I hereby claim foreign priority benefits u foreign application(s) for patent or inver below any foreign application for patent that of the application on which priority i	tor's certific or inventor's	ate listed below and	have also ide	ntified
Prior Foreign Application(s)			Priority Cla	aimed
102 37 692.1 German (Number) (Country)		08/15/2002 (Day/Month/Yr. Filed		□ no
I hereby claim the benefit under 35 U.S. Application(s) listed below.	C. § 119(e)	of any United States	Provisional	

(Application Serial No.) (Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by

Attorney Docket No. 101215-214
Norris, McLaughlin & Marcus, P.A.
Page 2 of 2

the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose
material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which
occurred between the filing date of the prior application and the national or PCT international
filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint

Practioners Associated with the Customer Number:	27388
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as my/our attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from the Assignee of this application as to any action to be taken in the United States Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned.

DIRECT TELEPHONE CALLS TO: Christa Hildebrand (212) 808-0700

FULL NAME OF SOLE OR FIRST IN FINITOR: Peter HUFNAGL
INVENTOR'S SIGNATURE: DATE: 6/10/07
RESIDENCE: Berlin CITIZENSHIP: German
POST OFFICE ADDRESS: Grimnitzstraße 8, 10318 Berlin, Germany
FULL NAME OF SECOND INVENTOR: Martin SCHULTZ
INVENTOR'S SIGNATURE: Miller DATE: 6/10/07
RESIDENCE: Berlin CITIZENSHIP: German
POST OFFICE ADDRESS: Sonntagstrats 19, 10245 Berlin, Germany, Germany
en e
FULL NAME OF THIRD INVENTOR: Trong-Nghia NGUYEN-DOBINSKY
INVENTOR'S SIGNATURE: DATE: 6/10/07
RESIDENCE: Berlin CITIZENSHIP: German
POST OFFICE ADDRESS: Memlingstr. 8a, 12203 Berlin, Germany